

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8185**

MAR 28 1952

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3549** Registrar's No. **31**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY Oklahoma	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Oklahoma City 2350	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location) 828 S. E. 28th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. 1 Fayette, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Joe c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) March 19, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH 9/21/1879		9. AGE (In years) (Months) (Days) 72 5 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	
11. BIRTHPLACE (State or foreign country) Brown County, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Pete Coe		13b. MOTHER'S MAIDEN NAME Josephine Smith		14. NAME OF HUSBAND OR WIFE Hugh Allen	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ed. Harker R.R.1 Fayette, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 4 days 1 day	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-15, 1952 to 3-19, 1952**, that I last saw the deceased alive on **3-19, 1952**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Bloom		23b. ADDRESS Fayette, Mo.		23c. DATE SIGNED 3-19-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/19/52		24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery	
				24d. LOCATION (City, town, or county) (State) Jones Oklahoma	

DATE REC'D BY LOCAL REG. 3-19-52		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edw. A. Carr Fayette, Mo.	
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APR 12 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~and by~~

working under my personal supervision.

Student Embalmer No.

Signed

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No.

3340

P. O. Address

Fayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.